

# THE MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### Communications.

#### LACERATION OF THE PLEURA COSTALES AND PROTRUSION OF A PORTION OF THE LUNG.

By W. L. BALDWIN, M. D.,

Of Geneva, N. Y.

George S., a negro boy, aged 7 years, while playing about the turn-table of the F. A. & G. C. R. R., at Jacksonville, Florida, on the afternoon of Sunday, Dec. 3d, 1865, was caught by the flange of one of the wheels, producing the following injuries, viz.—1st. A lacerated and contused wound, extending from beyond the inferior angle of the right scapula to the ninth dorsal vertebra. In the track of this wound I found that the pleura costales had been ruptured for more than one inch and a half, allowing a portion of the lower lobe of the right lung to protrude. 2d. A punctured wound on the right side of the neck, just below the ear, exposing, but not injuring the external jugular. 3d. The right clavicle fractured in two places. 4th. A wound over the vertex of the occipital bone, denuding the bone at that point of its periosteum.

I immediately replaced the protruding lung, covering the opening in the pleura by a portion of the *latissimus dorsi*, which had been divided by the flange, quickly bringing the rest of the wound together by the interrupted suture, then attended to the wounds in the neck and head, and finally adjusted the fractured clavicle.

The wound in the pleura was entirely covered by a portion of the *latissimus dorsi*, which formed a flap-valve, allowing the air which had found its way into the thoracic cavity, to escape, at the same time preventing any more from entering. I considered the case as almost hopeless, and gave his parents to understand that, although cases of a somewhat similar nature had recovered, yet I thought this one extremely doubtful.

I left the case, having first administered a portion of morph. sulph., but had scarcely reached home, when I was again summoned in great haste, the messenger saying that he was in con-

vulsions, but by the time that I arrived there, the morphia had had its effect, he was comparatively quiet, and rested well during that night.

Dec. 4th. Pulse 120, with considerable fever, and pain about the epigastrium. Afternoon.—No passage of the bowels since the accident. Ordered dose of castor oil. Night.—Fever abated. Has had no passage from the bowels as yet. Ordered a repetition of the oil.

Dec. 5th. No passage from the bowels yet. Bowels tympanitic. Ordered ol. ricini., f. ʒij., ol. terebinth, gtt. v. Free passage during the afternoon, another toward night.

Dec. 6th. No tympanitis. Pulse regular and normal, tongue clean, breathing slightly hurried. Noon.—Removed the dressing from the back and had the satisfaction of seeing the wounds healing by first intention. The part over the ruptured pleura being entirely healed.

Dec. 7th. Slight hacking cough, with very little expectoration.

Dec. 8th. Cough keeps up, not increasing, however. Complains of no pain, except a soreness about the back.

Dec. 9th. Cough better. Bowels have not moved since yesterday noon. Ordered more oil and expectorant mixture. Evening.—Dressed wounds, which were looking very well.

The wounds were doing so well, and all the other symptoms being so favorable, I gave directions how to proceed with the case, I seeing the patient every other day.

The case progressed well until the 23d of December, when I noticed a tumor, about the size of a hen's egg, immediately over the wound in the pleura. I was at first afraid that the lung was protruding, forming, as it were, a *pleural hernia*, but upon a careful examination, I discovered distinct fluctuation, denoting the presence of pus.

Dec. 25th. The abscess broke this morning, and discharged freely, the pus being very healthy, the abscess having been formed by the too rapid healing of the external wound.

Dec. 27th. The discharge still keeps up. Ordered ferri et quiniæ citras, ʒij., aquæ, f. ʒij., a teaspoonful to be given every four hours.

Dec. 28th. The discharge not so great. The patient's strength improving.

From this time till the 5th of January I saw the patient nearly every day, when my stay there expired. The boy was improving all the time, yet I very much fear that he will have some serious drawback.

The clavicle had united firmly in both places, and the wounds in the head and neck were healing kindly.

I do not remember of ever having seen a case reported, of so extensive an injury to the walls of the thorax recovering, and I presume that in this case recovery is due to the action of the *latissimus dorsi* in preventing the air from entering the cavity. Be that as it may, the case was one of great interest to me, and I trust it may prove interesting to your readers.

## Medical Societies.

### FIFTY-NINTH ANNUAL MEETING OF THE NEW YORK STATE MEDICAL SOCIETY.

TUESDAY, FEBRUARY 6, 1866.

The Fifty-ninth annual session of the New York State Medical Society commenced at the City Hall at 11 o'clock.

The Society was called to order by Dr. HENRY W. DEAN, of Rochester, President, and prayer was offered by Rev. Mr. BIDWELL.

The President then delivered his inaugural address.

There were present, 75 permanent members, 65 delegates from county Societies and Institutions, and about 50 invited members.

Dr. COBB moved that a Committee of three be appointed to extend an invitation to such members of the Legislature as belong to the medical profession, to attend the meetings of the Society during its sessions. Adopted, and Drs. COBB, WILLIAMS and BISSELL were appointed.

The Chair announced the following Standing Committees:

*On Business*—Dr. White of N. Y.; Dr. Vanderpoel, of Albany; Dr. Hall, of Auburn.

*On Reception*—Drs. March, Townsend and Quackenbush.

*On Credentials*—Drs. Corliss, Saunders and the Secretary.

Dr. KENNEDY, of New York, offered the following, which was adopted.

*Resolved*, That the thanks of this Society be tendered to the President for his very able inaugural address, and that it be referred to a Committee of three for the purpose of considering the suggestions contained therein.

Drs. Kennedy, E. L. Beadle and C. Green, were appointed.

Dr. BISSELL introduced Dr. Catlin, delegate to the State Medical Society from Connecticut. He appropriately responded to his introduction.

Dr. MARCH, from the Committee on Reception, moved that Dr. Hunt, of New Jersey; Dr. Wm. G. Wheeler, of Mass.; Drs. Lewis and Treichler, of Penn.; and Dr. Catlin, of Connecticut, be invited to seats in the Convention. Adopted, and each of the gentlemen responded most gracefully to the invitation.

Dr. COBB, from the Select Committee appointed to invite such members of the Legislature as belong to the medical profession, to seats in the Convention, reported that they had discharged their duty. Accepted.

Dr. NOYES, of New York, read a very interesting paper [giving illustrations] entitled "Cases in Ophthalmic Surgery."

The Chair appointed the following nominating Committee: Drs. Squibb, Parker, Seymour, Chamberlayne, Richardson, Cook, Lyman and Langworth.

Dr. S. O. VANDERPOEL offered a paper entitled "A Memoir of Dr. William Bay, of Albany," also report of a case of "Progressive Locomotory Ataxia."

Dr. CHARLES BARROWS, of Clinton, Oneida co., presented a paper entitled "Inflammation of the Kidneys and Suppression of the Urine."

Dr. BAILEY presented a paper entitled "Tabular Obstetrical Statistics," by P. O. Williams.

Also, "Gun-shot Wound in Substance of Liver." Dr. B. D. CARPENTER presented a paper entitled "Tetanus."

Dr. ALFRED BOLTON, of Seneca, read a paper on "Congenital Hypertrophy of the Tongue."

Dr. BRINSMADE, of Troy, moved that a committee of three be appointed to draft resolutions expressive of the feelings of this Society, caused by the death of Dr. Thomas W. Blatchford, of Troy, long a member, and a former President, of this Society.

Drs. Brinsmade, Bissell and Townsend were appointed such Committee.

Recess until 3 P. M.

#### Afternoon Session.

The Society met at 3 P. M.

Minutes of Morning Session read and approved.

Dr. DIDAMA read a paper upon "Hospital Gangrene," by Walter Kempster, M. D.

Dr. KENNEDY, of New York, offered the following:

*Resolved*, That the Medical Society of the State of New York, now in Convention, in view of the importance of the bill now before the Legislature and which has passed the Senate, known as the "New York Health Bill," very respectfully ask the Assembly to concur with the Senate, in order that the said bill may become a law.

*Resolved*, That a copy of the above resolution be sent to the Speaker of the Assembly.

Dr. KENNEDY said that he thought the adoption of this resolution by this body would have the desired effect. Such a bill was needed very much in anticipation of the cholera.

Dr. B. P. STAATS would like to have the bill read before the Society, that the members might know what was proposed by it. He had heard that the Bill had been "doctored" in the Senate. He, therefore, preferred having the matter referred to a Committee.

Dr. J. T. WILLIAMS moved that this subject be referred to a Committee of five, to be appointed by the President, and that they report to-morrow. Adopted, and Drs. Willard Parker, Stephen Smith, Kennedy, Agnew and J. T. Williams were appointed such Committee.

Dr. LAWRENCE MCKAY, of Rochester, read a paper entitled "The Gingival Margin as a Diagnostic Sign."

On motion of Dr. CORLISS, Dr. Willard Parker made a few appropriate remarks regarding the Health bill, now before the Legislature.

Drs. Kennedy, B. P. Staats and J. T. Williams participated in the debate.

Dr. SQUIBB, of Brooklyn, read a very interesting paper, entitled "An Appeal for the *Materia Medica*," closing with the following preamble and resolutions:

In order that there may be some organization in this Society, that may at least serve to keep this subject in useful remembrance, the following resolutions are offered for consideration:

*Resolved*, That a Committee of five, to be called The Committee on Pharmacology, be appointed by the President, to hold office until the Annual Meeting of 1871.

*Resolved*, That it shall be the general duty of the members of this Committee, individually to accumulate knowledge upon medicinal agents and their application. And to report the results of their researches separately, through the Chairman of the Committee, annually to this Society.

*Resolved*, That it be a special duty of this Committee to take charge of the interests of this Society in the United States Pharmacopoeia; and to collect, arrange, preserve, and transmit all accessible information and knowledge that may be useful in the next decennial revision of that work in 1870. And to carry out the general provisions and requests of the National Convention of 1860, as they apply to this Society as a constituent of the National Convention of 1870.

*Resolved*, That this Committee report to the Society at their annual meeting in 1870, the names of three members of the Committee, who, if confirmed by the action of the Society, shall serve as the representative delegates of The Medical Society of the State of New York, in the National Convention of 1870, for revising the United States Pharmacopoeia, to be held in Washington on the first Wednesday of May, 1870. And that the delegation thus constituted be authorized and directed on behalf of this Society to conform to the rules adopted by the last National Convention, to facilitate the organization, and effect the objects of the next one.

*Resolved*, That this Committee shall apply to the Society to supply any vacancies that may occur in its members.

Dr. WM. B. BIBBINS moved that the paper be received by the Society. Adopted.

Dr. SAYRE moved the adoption of the resolu-

tions accompanying the paper of Dr. Squibb. Adopted.

The President appointed the following gentlemen such Committee: Drs. Ed. R. Squibb, Howard Townsend, C. Green, Manlius Smith and John Towler.

Dr. SAYRE moved that the paper and resolutions presented by Dr. Squibb, be presented to the different State Medical Societies, with the request that they take similar action. Adopted.

The Treasurer, Dr. QUACKENBUSH, presented his annual report, which was accepted, and, on motion of Dr. Corliss, referred to the usual committee for examination.

The Treasurer also called attention to the fact, that a few county societies had neglected to pay their annual dues to this Society.

The following papers, read by title by Dr. FINNELL, of New York, were referred by the Business Committee to the Committee of Publication: "Obituary of D. S. Conant, M. D., by E. R. Peaslee, M. D." "Eulogium on Prof. Chandler Robbins Gilman, M. D., by Wm. C. Roberts, M. D."

"An inquiry relative to the subject of the formation and expectoration of Bronchial casts, accompanied by the history of an illustrative case, by Stephen Rogers, M. D."

"Embalming, as practised in ancient and modern times, its applicability to the preservation of Anatomical and Pathological specimens, by James E. Steel, M. D."

Dr. WILLIAM GILFILLAN, of Brooklyn, read a paper entitled "Excision of the Shaft of the Humerus."

Drs. March, Sayre and Swinburne made some appropriate remarks on the above paper, strongly endorsing its recommendations.

Dr. SAYRE read a paper entitled "A Case of Broken Neck."

Dr. SHIPMAN, of Syracuse, pronounced a fitting eulogium upon the character of the late Dr. William Taylor, of Manlius, and moved the appointment of a Committee of three to draft suitable resolutions. Adopted, and Drs. Shipman, Chamberlayne and Cook were appointed.

Dr. EZRA M. HUNT, of New Jersey, made some very appropriate remarks, returning thanks to the Society for the courtesy extended to the delegates from New Jersey.

Dr. FURMAN moved to adjourn until Wednesday, at 9½ A. M. Adopted.

#### SECOND DAY.

Wednesday, Feb. 7, 1866.

The Society convened at 9½ A. M., Dr. HENRY W. DEAN, President, in the Chair.

Prayer by Rev. Mr. ELMENDORF.

The minutes of the previous session were read and adopted.

Dr. WALES, of Rondont, presented a memorial from the Ulster county Medical Society.

On motion of Dr. WHITE, it was laid on the table for the present.

Memorials were presented from the New York and Erie county Medical Societies.

On motion of Dr. VANDERPOEL, the memorials



were endorsed by the Society and referred to a Committee of three, to confer with the Legislature.

Dr. WILLIAMS, Chairman of the Committee to confer with the Legislature regarding the Health bill, asked for further time. He stated that Dr. Agnew had resigned his place on the Committee, and the vacancy had been filled by the appointment of Dr. Hutchinson. He also announced the resignation of Dr. W. Parker.

The President appointed Dr. Crandall, of Allegheny, to fill the vacancy.

The President appointed Drs. Sayre, Townsend and Bailey, as the Committee on the Memorials of the New York and Erie County Medical Societies.

Dr. HUTCHINSON offered the following:

*Resolved*, That the President appoint a Committee of three to prepare resolutions expressive of their feelings with regard to their late Honorary Member, Dr. Valentine Mott.

Adopted, and Drs. Peaslee, Hutchinson and Husted were appointed such Committee.

Dr. F. D. LENTE, of Cold Springs, presented a new instrument for inhaling sulphuric ether, and explained its use.

Drs. Sayre, Squibb and Butler participated in the debate.

Dr. EDWARD H. PARKER presented a paper upon the uses of chloroform and ether.

Dr. E. H. PARKER offered the following:

*Resolved*, That the Secretary and Committee on Publication be instructed to use wood-cuts, instead of lithographs, in the illustrations of the Society, whenever practicable, and to admit no illustrations unless, in their opinion, absolutely necessary to explain the text.

Dr. VANDERPOEL moved that the matter be referred to the Publishing Committee.

After some discussion the motion prevailed.

An invitation was received from Surgeon-General James E. Pomfret for the members of the Society to visit his residence this (Wednesday) evening.

An invitation was also received from Gov. Fenton for the Society to visit the Executive Mansion this evening at 10 o'clock.

On motion of Dr. WILLIAMS, the invitations were accepted.

Dr. GURDON BUCK, of New York, read a paper illustrative of cases, one of "Destruction of the body of the lower jaw, with extensive disfigurement of the face, from a shell wound;" also, two other cases of deformity.

Dr. E. R. PEASLEE, of New York, read a paper upon "Retraction of the unimpregnated Uterus."

The following papers were recommended by the Business Committee to be read by title and referred to the Committee of Publication:

"On adaptability of the Hospital and Cottage plan to the treatment and management of the Insane Poor, as illustrated by the colony of Fitz James, at Clermont in France, by Charles A. Lee, M. D.

Also, "An Inquiry into the mode of propagation of cholera, with facts and reasons in favor of the theory of its transmission by choleraic stools,

and in no other manner, with suggestions in regard to the proper preventives, measures to be used in case the disease should again appear among us, by Charles A. Lee, M. D."

Also, "A case of acute Enteritis, treated by B. G. McCabe, M. D., Monticello, Sullivan county."

Also, "A memorial of the late Dr. Simeon Snow, of Montgomery county."

Dr. CORLISS reported that the Committee appointed to examine the Treasurer's report had found it correct. Adopted.

Dr. MARCH read an interesting paper entitled "Biliary Calculi."

Recess until 3 P. M.

#### Afternoon Session.

Minutes of morning session were read and approved.

The Committee appointed on the Inaugural Address of the President reported as follows:

That the first matter claiming the attention of the Committee is the one so feelingly alluded to by the President—the untimely death of our late Secretary, Dr. SYLVESTER D. WILLARD. With but limited knowledge of Dr. WILLARD, except in his official capacity, it is obvious that your Committee cannot speak appropriately of his life and character; they therefore suggest that the President designate some one of the many personal friends of our late lamented Secretary to prepare a suitable memorial of him, and transmit it to the Committee of Publication in time to have it appear in the next volume of our transactions.

Our President notices very justly the great want of interest taken by too large a portion of the profession in medical matters, as manifested by neglecting to identify themselves with, and in many instances ignoring the County Societies, and expresses the hope that some measures may at once be inaugurated whereby there may be brought to the aid of the Society the latent experience and influence of a large class of medical men not belonging to any medical society, or connected with various organizations not having by law any relations with this Society. Your Committee cannot see that any legal remedy can or should be brought to bear on the existing state of things, nor do they know that any was contemplated by our President. We can only appeal to the sterling good sense of those gentlemen, and urge upon them as a duty, the uniting themselves with the Societies entitled to representation in this body, and thereby building up, or greatly strengthening, the local organizations, and enabling them to send us more representative men who will co-operate with us in the work of elevating the position, and enlarging the power for good, of the entire medical profession.

As to the suggested change in the manner of electing permanent members according to a pro rata of the medical population, rather than by the mode now in operation, which is based on political divisions of territory, and which gives us two members annually from each Senatorial District, your Committee think that the mode suggested would be eminently just, and would eventually result in our securing a larger number of active, intelligent, working members than we

are likely to have by the operation of the present mode.

All statutory provisions for the protection of the profession having been removed, it seems altogether reasonable that the power should be given to the local medical societies to determine the conditions of membership, and to discipline their members for any violation of that code of ethics under which we all act, with an appeal to the State Medical Society, as the "Tribunal to which all differences originating in the County Societies shall be referred for ultimate and final adjustment."

Your Committee express the hope that measures may be taken whereby there shall be secured the enactment of such laws as the existing state of things in our profession seem to demand.

All of which is respectfully submitted.

EDWARD L. BEADLE,

JAMES KENNEDY,

Committee.

On motion, the report was accepted, and the Committee discharged.

Drs. GARRISH and DOWNS, delegates to the Sixteenth annual session of the State Medical Society of Pennsylvania, presented a report, expressing their gratification at the cordial manner in which they were received, and the friendly interchange of sentiments which passed, and cherishing the hope that the correspondence by delegates between the sister societies may be not only fostered for the present, but for all time.

The report was accepted.

A report was also presented by Dr. CURRY, delegate to the Connecticut State Medical Association. Accepted.

Dr. CORLISS gave a very interesting account of his visits to the Connecticut and Massachusetts State Medical Societies.

Dr. SAYRE offered the following:

*Resolved*, That the Secretary inform the delegates to the different State Societies of the time of their several meetings. Adopted.

Dr. WILLIAMS, from Committee on Health bill, reported by resolution, as follows:

*Resolved*, That the State Medical Society now in session, does hereby earnestly urge the Assembly to pass, at the earliest day, a Health bill which shall retain the general sanitary provisions and regulations contained in the bill which recently passed the Senate; as to the mode or manner of appointing the Commissioners to execute said law, the Society offers no suggestions, leaving this wholly to the wisdom of the Legislature.

*Resolved*, That a copy of the above resolution be sent to the Speaker of the Assembly at the earliest practicable moment. Adopted.

Dr. CRANDALL offered the following, which was adopted:

*Resolved*, That in accordance with the suggestions of the Committee on the Inaugural Address, the President is hereby authorized to appoint one or more members of this Society, residing in Albany, to prepare a suitable memorial of the late Secretary, SYLVESTER D. WILLARD, and that

the same be published in the forthcoming transactions.

Dr. J. H. CURRY offered the following:

*Whereas*, This Society wishes to express further its appreciation of the life and character of S. D. WILLARD, M.D., late Secretary of this Society, and to show in some measure their sympathy with his numerous friends not connected with the profession; therefore,

*Resolved*, That the members of this Society do request the Biographer of the late Dr. WILLARD to issue five hundred extra copies of said biography, together with the steel plate of his likeness, and that the members of this Society will pay each the sum of \$— to defray the expenses of the same.

The Chair appointed Drs. Townsend, Hun and Bailey, a Committee to collect subscriptions for the above object.

Dr. SAYRE, from the Committee appointed to apply to the Legislature regarding laws governing Medical Societies, reported the draft of a bill.

Dr. GOVAN moved that the Society endorse the draft of the bill as drawn up by Dr. SAYRE, and urgently request that the Legislature pass it into a law. Adopted.

Dr. MARCH moved that a committee of three be appointed which shall be called the "Committee of Arrangements," whose duty it shall be to provide, in future, more accessible, commodious and convenient accommodations for the place of holding the meetings of this Society. Adopted. Dr. March, the Secretary, and the Treasurer, were appointed.

The following papers were presented to be read by title, and then referred to the Committee of Publication:

"Continuation of the Essay on Compound Human Monsters," by Dr. FISHER.

"Sanitary Condition of Fish Alley and surroundings," by Dr. WM. F. THOMAS

Dr. JOHN P. GRAY read a paper on General Paresis—incomplete progressive paralysis.

Dr. GEORGE T. STEVENS read a paper on excisions in cases of gun-shot wounds.

Dr. HENRY S. DOWNS described a case of hydrocephalus.

Dr. BRINSMADE, from the Committee appointed to draft appropriate resolutions in reference to the decease of Dr. BLATCHFORD, of Troy, reported as follows:

*Resolved*, That this Society has heard with profound sorrow, the announcement of the death of our late distinguished brother member and former President, Dr. THOS. W. BLATCHFORD, of Troy; that his eminent abilities, high professional attainments, and social virtues, had won for him the esteem and regard of the medical profession of the State, and secured the respect and confidence of the community in which he was best known; and that, in his decease, this Society is called upon to mourn the loss of one of its most honorable and useful members, the profession one of its brightest ornaments, and the city in which he lived and labored, and died, one of its best men.

*Resolved*, That this Society extend an expression of its condolence to the widow and children of the deceased, and that a copy of these resolutions be sent to them by the Secretary of this Society.

*Resolved*, That Dr. STEPHEN WICKES, of Orange, N. J., be requested to write a Biography of the late Dr. THOMAS W. BLATCHFORD, and present it for publication in the next volume of the *Transactions* of this Society.

Adopted.

Then, on motion, the Society adjourned to meet at eight o'clock, in the Assembly Chamber, to hear the annual address of the President.

#### Evening Session.

Agreeable to adjournment, the Society met in the Assembly chamber at 8 in the evening. The Vice-President, Dr. HUTCHINSON presiding, Dr. H. W. DEAN, the President, delivered a very able and finished address.

On motion of Dr. BRINSMADE, a vote of thanks was tendered the President for his very able and interesting address.

When the Society adjourned, to meet at their usual place of assembling, at nine, Thursday morning.

#### THIRD DAY.

Thursday, Feb. 8, 1866.

The Society convened at 9½ A. M.

Prayer by Rev. Mr. BRIDGEMAN.

The minutes of previous session were read and approved.

Dr. HUTCHINSON moved that the committee appointed to draft suitable resolutions expressing the sense of the Society relative to the death of Dr. MORT, be authorized to prepare such resolutions as they may think proper, and send them to the Committee on Publication, to be published in the transactions of the Society.—Adopted.

Dr. SHIPMAN, from the committee appointed to draft suitable resolutions on the death of Dr. WM. TAYLOR, of Manlius, Onondaga county, reported.

Dr. BISSELL offered the following, which was adopted:

*Whereas*, The threatened approach of epidemic cholera is creating alarm and fear among all classes of people throughout the State; and

*Whereas*, In the opinion of this Society, cholera may be mainly, if not entirely, prevented from becoming epidemic in any city, town, or locality, by the adoption and rigid enforcement of proper hygienic measures; and

*Whereas*, It is due from this Society to take such action to protect our people throughout the State, as a duty to our profession, and the safety and welfare of the citizens demand; therefore,

*Resolved*, That this Society concur in the views taken, and the recommendations made by the "Council of Hygiene and Public Health" of the citizens of New York, to protect the people of that city against the introduction and spreading of Asiatic cholera; the causes which will produce epidemic cholera, and the hygiene mea-

asures which will prevent its deadly march in that city will produce like effects in every other part of the State.

*Resolved*, That the Council of Hygiene and Public Health of said city are entitled to the thanks of the medical profession and people of the State, for their full and able report on epidemic cholera, adopted Nov. 14th, 1865, and that a copy of the same should at once be placed in the hands of all Common Councils, town authorities, and Boards of Health within the State limits, for their direction and guidance in the case of preventive measures, before the cholera shall visit their localities.

Dr. A. N. BELL moved that the same acknowledgments be tendered to Drs. SAYRE, MURPHY, and SWINBURNE, and to the Mayor of New York, for their efforts to exclude and prevent cholera, as published in a pamphlet for public distribution, under date of November, 1865, and that this pamphlet be distributed in the same manner as that of the report of the Citizens' Association. Adopted.

Dr. WHEELER, of Massachusetts, made some very interesting remarks expressive of his appreciation of the Society. He also illustrated a case of "Urinary Calculi."

Dr. PARKER, from the Committee on Prize Essays, reported as follows:

*To the Medical Society of the State of New York:*

The Committee on the Merritt Cash Prize, appointed by your honorable body, being also the committee on the Brinsmade Prize, beg leave most respectfully to report as follows, and first with relation to the

#### MERRITT CASH PRIZE.

Your Committee are pained to be compelled to announce that no competitive essays for the above prize have been received during the past year. Notwithstanding the fact that the subject selected has been one of such dominant importance in the medical history of our great civil war, and the opportunities for studying it, whether in the field and among large bodies of troops, or upon individuals, in the multitude of hospitals scattered throughout the country, have made this subject familiar to every surgeon in the public service, the prize, now doubled in amount by accumulation of two years, still remains uncompleted for.

Considering the very extensive field of operations upon which our armies were employed, extending from Pennsylvania to Texas, and from the Atlantic Ocean to the western tributaries of the Mississippi, thus embracing an area of over 400,000 square miles, and presenting every variety of climate, whether marine, mountain, or inland, together with the modifying influences of soil, vegetation, and water courses upon the development, progress, and termination of diseases, your Committee, in selecting the subject of chronic diarrhoea for this prize, believed that they had chosen a rich field for competition, and confidently hoped, therefore, to elicit from the medical profession a large number of essays, from among which to select a successful candi-



date. They had greatly desired that some contribution to the medical history of a disease which was the special scourge of our armies might, for the honor of this Society, appear among its printed Transactions; and for this end retained the subject a second year, as a further invitation to competitors. In this hope your Committee have been sadly disappointed, and they feel compelled, therefore, to withdraw the subject, unless your honorable body shall otherwise order.

## BRINSMADE PRIZE.

For this prize but one essay has been presented, and inasmuch as this does not comply with the rules specially laid down by the founder of the prize, nor fill the scope of requirements exacted by him, your Committee do not feel themselves authorized to receive the essay, and cannot, consequently, express any opinion upon its merits.

Your Committee cannot close their report without paying a passing tribute to the memory of their lamented colleague, the late Dr. THOMAS W. BLANCHFORD, known to this Society and to the profession throughout the country, as one of its most distinguished members and ornaments, his long life of usefulness has left behind it a memory without soil and without tarnish. To a mind of massive proportions, he united the rare graces of a refined scholarship, and brought to the elucidation of all scientific problems a logical power, which enabled him to grapple and master their elements as by intuition. The candor and inflexible honesty of his character compelled the admiration and won the esteem of all. He was a true man, and the well-rounded outlines of a symmetrical nature, closing in a wealth of personal merit, which affected no ostentation of display. As one of the pillars of this Society, his loss will not soon be repaired, while to those who enjoyed the privilege of his friendship, his memory will be endeared throughout life. *Extinctus amabitur idem.* The report was accepted.

Dr. VANDERPOEL moved that the same Committee be continued, and that the subject on essays be referred back to that Committee, to act according to their judgment. Carried.

Dr. SQUIBB, from the Nominating Committee, presented the following, which was adopted unanimously:

The Committee on Nominations beg leave to recommend the following names for election to fill the offices and delegations of the ensuing year:

For President—JOSEPH C. HUTCHINSON, M. D., of Brooklyn.

For Vice-President—JULIEN T. WILLIAMS, M. D., of Dunkirk, Chataque co.

For Secretary—WILLIAM H. BAILEY, M. D., of Albany.

For Treasurer—J. V. P. QUACKENBUSH, M. D., of Albany.

## FOR CENSORS.

Southern District—Oliver White, of New York; Dewitt C. Enos, of Brooklyn; Samuel A. Purdy, of New York.

Eastern District—B. P. Staats, of Albany; T. C. Brinsmade, of Troy; P. McNaughton, of Albany.

Middle District—M. M. Bagg, of Oneida co.; C. B. Coventry, of Oneida co.; A. F. Doolittle, of Herkimer co.

Western District—Alexander Thompson, of Cayuga co.; C. M. Crandall, of Alleghany co.; Edward Hall, of Cayuga co.

## FOR COMMITTEE ON CORRESPONDENCE.

First District—Guido Furman, of New York.

Second District—William Govan, of Rockland co.

Third District—H. A. Carrington, of Lansingburg.

Fourth District—James Furguson, of Glens Falls.

Fifth District—Samuel G. Woolcott, of Utica.

Sixth District—J. G. Orton, of Binghampton.

Seventh District—Harvey Jewett, of Canandaigua.

Eighth District—Sanford Eastman, of Buffalo.

## FOR PERMANENT MEMBERS.

First District—Guido Furman, of New York; A. N. Bell, of Brooklyn.

Second District—John Ordronaux, of Queens co.; E. L. Beadle, of Poughkeepsie, Dutchess co.

Third District—G. Botsford, of Greenville, Green co.; C. C. Covell, of Stamford, Delaware co.

Fourth District—Thompson Burton, of Montgomery co.; E. W. Howard, of Warrensburg, Warren co.

Fifth District—Isaac H. Douglass, of Oneida co.; J. E. Casey, of Mohawk, Herkimer co.

Sixth District—H. K. Bellows, of Chenango co.; William H. Richardson, of Westport, Essex co.

Seventh District—Israel Parsons, of Marcellus, Onondaga co.; Samuel Gilmore, of Cayuga co.

Eighth District—Lewis A. Sayre, of New York city; William F. Carter, of Cohoes, Albany co.

## ELIGIBLE TO PERMANENT MEMBERSHIP.

First District—John L. Banks, of New York city; Henry D. Noyes, of New York city; Horatio P. Farnham, of New York city; John H. Hinton, of New York city.

Second District—William L. Appley, of Sullivan co.

Third District—Henry B. Whiton, of Troy, Rensselaer co.; Nelson Fanning, of Catskill, Green co.

Fourth District—John H. Mooers, of Plattsburg, Clinton co.; John J. Flint, of Washington co.

Fifth District—Wilson T. Bassett, of Otsego co.; G. L. Halsey, of Otsego.

Sixth District—E. G. Crafts, of Broome co.; Devillo White, of Chenango co.; E. Odell, of Chenango co.; L. H. Blake, of Livingston co.

Seventh District—Daniel W. Burdick, of Cortlandt co.; Henry D. Didama, of Onondaga co.; Wm. Manlius Smith, of Manlius, Onondaga.

Eighth District—C. C. Wyckoff, of Buffalo, Erie co.; H. H. Langworthy, of Rochester, Monroe co.; David Little, of Rochester, Monroe co.; Lawrence McKay, of Rochester, Monroe co.

## FOR HONORARY MEMBERS.

Dr. Samuel W. Thayer, Jr., Burlington, Vt.; Dr. N. S. Davis, Chicago, Ill.; Dr. Albert Smith, Peterborough, N. H.

## ELIGIBLE AS HONORARY MEMBERS.

Dr. William Henry Thayer, Keene, N. H.; Dr. Isaac Ray, Providence, R. I.; Dr. Ezra M. Hunt, New Jersey; Dr. Hopkins, Vergennes, Vt.

## DELEGATES TO THE NATIONAL QUARANTINE CONVENTION.

Drs. Elisha Harris, James R. Wood, John H. Griseom, Augustus Willard, John Swinburne, A. N. Bell, John W. Green, John Ordronaux, Alden March.

## DELEGATES TO THE CONNECTICUT STATE MEDICAL SOCIETY.

Drs. G. J. Fisher, N. C. Husted, B. P. Staats, J. H. Curry, J. T. Williams.

## DELEGATES TO THE NEW JERSEY STATE MEDICAL SOCIETY.

Drs. Richard A. Varick, George J. Fisher, William Govan, J. Foster Jenkins.

## DELEGATES TO THE MASSACHUSETTS STATE MEDICAL SOCIETY.

Drs. Dr. Joseph Bates, Henry S. Downs, Samuel Hart, E. S. F. Arnold.

## DELEGATES TO THE NEW HAMPSHIRE STATE MEDICAL SOCIETY.

Drs. E. R. Peaslee, Samuel Shumway, Hiram Corliss.

## DELEGATES TO THE VERMONT STATE MEDICAL SOCIETY.

Drs. E. W. Howard, John H. Mooers, Wm. D. Seymour, Wm. H. Richardson.

## DELEGATES TO THE PENNSYLVANIA STATE MEDICAL SOCIETY.

Drs. T. C. Finnell, George Burr, R. Cressen Stiles, John G. Orton.

## DELEGATES TO THE OHIO STATE MEDICAL SOCIETY.

Drs. H. H. Langworthy, C. C. Wyckoff, J. T. Williams, H. W. Dean.

## DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Drs. T. C. Brinsmade, Chairman; D. P. Bissell, Utica; H. W. Dean, C. C. Wyckoff, Buffalo; A. L. Saunders, Samuel G. Woolcott, Utica; J. C. Hutchinson, James L. Banks, New York; Edward Hall, L. J. Tefft, Syracuse; James Furguson, Seth Shove, Westchester co.; H. H. Langworthy, C. Green, Homer; J. K. Chamberlayne, F. Jacobs, Del. co.; E. H. Parker, G. J. Fisher, Sing Sing; H. A. Carrington, Harvey Jewett, S. Oakley Vanderpoel, John R. Van Kleck, Wm. H. Bailey, Thos. Hun, C. M. Crandall.

## COMMITTEE ON STATISTICS.

- 1st District—N. C. Husted.
- 2d District—E. G. Fisher.
- 3d District—T. C. Brinsmade.
- 4th District—J. B. Reynolds.
- 5th District—A. L. Saunders.
- 6th District—J. G. Horton, Chairman.
- 7th District—N. Nivison.
- 8th District—J. R. Cotes.

## COMMITTEE ON PRIZE ESSAYS.

Drs. E. H. Parker, John Ordonaux, E. R. Squibb, EDWARD H. PARKER, Chairman.

Dr. SQUIBB offered the following, which was adopted:

*Whereas*, There is reason to suppose that some persons are admitted to the courtesies of this Society, and to a place upon the Register, who may not be properly entitled to such a position; therefore,

*Resolved*, That the Committee on Credentials and Reception be instructed by the Society to be careful in their scrutiny of all the names who may be admitted or invited to the floor of the Society, and to so control the Register that no improper names obtain access to it; also, that this Society do not act on this subject independent of the Committee's action.

Dr. BEADLE moved that the Committee on Credentials have power to erase the name of any person registered as a delegate from any Society or Institution not entitled to representation in this Society. Adopted.

Dr. G. J. FISHER, delegate to the Medical Society of the State of New Jersey, presented a report, which was accepted.

Dr. WHITE moved that the thanks of the Society be tendered to our outgoing President, Dr. DEAN, for the efficient, courteous, and dignified manner in which he has presided over our deliberations. Adopted.

Dr. BELL moved that a vote of thanks be ten-

dered to Dr. BAILEY, Secretary *pro tem.*, for the acceptable manner in which he has discharged his duties, notwithstanding the embarrassing circumstances attending his appointment. Adopted.

Dr. BISSELL moved that Dr. BRINSMADE present to the Publication Committee his remarks concerning the late Dr. THOS. W. BLATCHFORD. Adopted.

Dr. W. C. ANDERSON moved that a Committee of Hygiene be appointed, composed of five members from this Society, to confer with the authorized officials and report to this Society. Adopted, and Drs. Bell, Anderson, Harris, Ordonaux, and McMillan, were appointed.

The following papers were read by title, and referred to the Publication Committee:

"Spontaneous Amputation in Utero," by Dr. Armsby.

Also, "Strangulated Congenital Hernia."

"Report of Commissioners of Quarantine," by Dr. Swinburne.

"The Willard Asylum for the Chronic Insane," (bill as passed the Legislature,) by Dr. Cook.

"Cases of Epidemic Cerebro Spinal Meningitis or 'Spotted Fever,' with post-mortem appearances," by Dr. J. R. Boulware.

Also, "Cases of Carbonaceous Lung."

Dr. QUACKENBUSH, Treasurer, presented a bill from Chas. Van Benthuyzen, for printing, which was referred to a committee, consisting of Drs. Quackenbush, Hun, and Townsend.

Then, on motion, the Society adjourned *sine die*.

## EDITORIAL DEPARTMENT.

## Periscope.

## Placenta Prævia.

The Transactions of the New York State Medical Society for 1865 contain an elaborate paper on the *anatomy, physiology, pathology, and treatment of placenta prævia*, by Prof. ISAAC E. TAYLOR, of Bellevue Hospital, illustrated by diagrams and drawings. He concludes with the following propositions:

1. The perfect integrity of the cervix uteri during utero gestation in its whole length, without developing from above downward, or from below upward, but modified by physiological softening to prepare it for the office of expansion at the time of labor, and not before, for the exit of the child.

2. That the placenta prævia centralis is over the os uteri internum, and not in the cervix uteri at all, before labor commences, as is believed or demonstrated.

3. That the limit of spontaneous detachment of the lower polar circle, the boundary line of Dr. BARNES, is not the zone of safe attachment after separation of the placenta.

4. The cause of arrest of the flooding in general, is the limit of expansion of the os uteri internum to the extent of 12 or 14 inches in circumference, and  $3\frac{1}{2}$  to 4 in diameter, and 3 inches long.

5. That the boundary line thus reached by



nature is only safe so far as separation occurs by the contractions of the uterus.

6. That the hemorrhage comes from the uterus as seen, and not from the placenta.

7. That the flooding is diastolic, not systolic.

8. That the method of separation of the placenta by the uterine contractions is from the centre, and not from the margin.

9. That the method of Dr. SIMPSON is preferable in cases of extreme exhaustion, to version, until nature can be restored in some degree to perform it.

10. That external version should be adopted first, in transverse presentations of the shoulder, neck, or face, before rupturing the membranes; if not successful, then internal and external version together, then true version, but not rapidly, if the other methods fail.

11. That the former and usual methods are confirmed by these investigations, in their value, such as tamponing and rupturing the membranes, and giving ergot.

#### Fistula in Ano. Operation by Ligature Modified.

Dr. A. W. THOMPSON, of Northampton, Mass., communicates, in a recent number of the *Boston Medical Journal*, a modified mode of operating for fistula in ano by ligature, which he has successfully used in cases where, by complicating circumstances, the ligature promises better results than the knife. It is described as follows:

"A ligature of four lengths of saddler's silk having been introduced and left as tight as could be borne, on the first evidence of its advance toward the surface—slackness in the portion outside—a C-spring of thin rubber, notched at its extremities that it might be held in place, was inserted under the loop of the cord, its convexity directed toward the skin, and its notched ends receiving the cord, strained into them by the action of the spring. As much strain was thus applied as the patient could endure. From day to day, new springs were added, or longer ones substituted, as more and more of the ligature appeared outside, until in a few hours short of eleven days it dropped away and the cure was complete." The spring is easily cleaned, absorbing no fluid, and admits of the application of poultices, which may be required.

#### Diuretics in the Treatment of Malarious or Periodical Fevers.

Dr. N. WRIGHT, of Chatham, Ill., in a paper read before the Illinois State Medical Society, urges the use of diuretics, especially of acetate of potash, freely diluted with water, as strongly indicated in the treatment of periodical fevers and chronic malarial poisoning, the object being to eliminate the poison. In this class of diseases, he says, the urine is usually, if not always much diminished in quantity and quality, and the solid matters in solution are more diminished than even the quantity. Three to four hundred grains of solids are the usual amounts deposited, while from six to seven hundred ought to be removed in the normal state. Hence, if we can introduce some therapeutic agent that will enter the blood and capillary network of the body, and thus aid the metamorphosis and excretions from the blood,

of the unhealthy elements there contained, and remove them from the system, we are working in a rational and sure way to cure our patients. Dr. W., of course, does not abandon quinine and tonics; the diuretic treatment is simply to aid other treatment.

#### Diphtheria treated by Lemon Juice.

Lemon juice has long since been used as a local application in diphtheria, but Dr. REVILLONT's treatment (*Gaz. des Hop*), as stated before the Paris Academy, is novel, on account of the large doses, and frequency of the application; the juice of from two to four lemons per hour, being used topically, as gargle, or by pencilling, and internally. TROUSSEAU speaks highly favorable of this treatment, which, however, can only be used in adults, requiring a great deal of perseverance and courage on the part of the patient, the frequent application and use of the juice being accompanied by considerable pain.

## Reviews and Book Notices.

**Malformations, Diseases, and Injuries of the Fingers and Toes, and their Surgical Treatment.** By THOMAS ANNANDALE, F. R. C. S., Edin., Lecturer on Surgery, &c. The Jacksonian Prize Essay for 1864. J. B. Lippincott & Co. 1866. Pp. 292. With 12 lithographic plates.

We do not know of any other treatise on this subject. The number of mutilated hands and feet which the war has left, the surgery of some of which has not yet been finished, must make it now an interesting topic. It illustrates the present state of *literary exchange*, to observe that this volume is simply imported and reissued, not reprinted, here. It has been, however, handsomely printed in Edinburgh, on good paper, and with well executed illustrations, done in London.

Glancing over his chapters, we find the author first dealing with congenital affections of the digits. For *hypertrophy*, to a large extent, of a finger or a toe, the only available treatment (not always called for) is amputation. Very curious cases of *supernumerary* digits are mentioned; one of thirteen fingers on each hand, and twelve toes on each foot. The excess is most apt to be on the ulnar side of the hand. An extra phalanx of the thumb, or a double thumb, is more common. Removal of supernumerary fingers or toes is often, but by no means always, advisable.

In the second chapter, on digital inflammatory affections, the different varieties of *paronychia*, or whitlow, are considered. Mr. ANNANDALE's classification is, into, 1st. Acute inflammation affecting the skin and areolar tissue. 2d. Affecting the tendons and their sheaths. 3d. Affecting the periosteum and bone.

This author's experience has been, that whitlow attacking the *areolar tissue* of the upper part of a finger is less apt to be severe, in spite of treatment, than that occurring at the *end* of the finger.

In the second form, where the *fibrous structures* are involved, Mr. ANNANDALE agrees with surgeons generally, in urging an early incision, laying it open freely, to prevent extension of the disease and destruction of parts. Although, in this form, loss of bone is not common, loss of tendon may make the digit powerless. In *all* forms of whitlow, indeed, an early longitudinal incision is advised.

Without denying that this may be, generally, good practice, we have seen enough (and, also, suffered enough,) of digital inflammations to have formed the opinion that, sometimes, incisions may be too early, too extensive, or too often repeated.

In whitlow affecting the bony structures, "when more than one phalangeal bone is diseased, or when great destruction of the soft textures has taken place," our author advises immediate amputation as a rule. If the digit can be of no use when healed up, it will be best to cut it off at once.

Mr. ANNANDALE describes, further, that form of *diffuse cellular inflammation* of a finger or toe, which is sometimes so severe as to be even dangerous to life. This may follow a wound or other injury, but is especially apt to occur after a dissecting wound. A rather fuller account of this affection might have been given with advantage. The actively inflammatory nature of the local results of a dissecting wound is sometimes almost overlooked, in the apprehension of its *toxicæmic* dangers. Having gone through it three times, the writer of this notice has reason for advising any one whose finger inflames from such a cause, to have it *freely leeches*, as one of the first measures of treatment.

Affections of the *nails* are very well discussed by Mr. ANNANDALE. What is usually called *ingrowing* of the nail is, rightly, stated to be the *out-swelling of the soft parts* instead. Our author says that although lint interposed, and application of lunar caustic, may do for mild cases, they are tedious, and will not suffice nearly always. DUPUYTREN's plan is then recommended; to divide the nail longitudinally down to the root, and with forceps tear out that portion which lies against the sore. Mr. ANNANDALE avers that this is not so painful as it is generally supposed to be.

We are sure, from actual observation, that most cases of this affection can be *prevented* from becoming severe by early soothing treatment (with poultices or water dressing, and simple

cerate or lint, interposed,) and that the worst will often be best treated, without operation, by the application of *collodion*. This makes an artificial cuticle, which protects the inflamed flesh from the nail, and allows the soreness and swelling to go down. No one's nail should be dragged out until this has first been tried.

*Ganglions, Bunions, Warts, and Corns* are also very well discussed in this work. Bunions are enlarged *bursæ*, with thickening of the cuticle over them. Sometimes, however, chronic rheumatic arthritis of the great toe produces a similar state of things. *Puncture* of much distended *bursæ* is advised, a blister being then applied.

*Epithelioma*, and various *tumors* of the digits, are then taken up, briefly. Chapter IV. enters upon *Injuries* of the fingers and toes. *Chilblains* are first mentioned. Camphor in eau de cologne, turpentine and olive oil, tincture of cantharides in soap liniment, and solution of nitrate of silver, are spoken of as good remedies. *Frost-bite* is named as a more severe result of the same cause; often ending in mortification of the parts.

*Bruises, Wounds, and Nerve Injuries* receive attention in a number of pages. Reference is made to the work of Drs. MITCHELL, MOREHOUSE, and KEEN upon wounds of nerves. Several other citations of American authorities occur in the work; more noticeable, because such reference appears to be avoided as far as possible in British medical writing generally.

*Senile Gangrene*, dry and moist, is described, and usual measures of treatment given, in a few paragraphs. *Dislocations and Fractures* of the digits follow. Then *Contractions and Distortions*, not congenital. They may result from—1st. Inflammation; 2d. Nervous affections; 3d. Injuries, tumors, or some mode of pressure.

*Writer's Cramp, or Scrivener's Palsy*, is alluded to as a curious affection. Its peculiarity is that, while the slightest attempts to write bring on a palsy, or spasmodic contraction of the thumb and fore and middle fingers, other movements of those fingers are not attended by any abnormal symptom. Trying to write causes the fingers and thumb to jerk the pen up and down in an extraordinary manner. The treatment of this disorder has been, as yet, unsatisfactory. Entire rest of the affected parts is undoubtedly the most essential thing.

Lastly, we have a chapter on *Excision* of the joints and bones of the digits, and another on *Amputations* of the same. Twelve plates, as already said, conclude the volume. Altogether, it is a good and complete monograph; without any superfluous display, either of reference or speculation.

## Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 24, 1866.

### MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.

#### I.

To those impatient at the anticipated delay of the publication of a complete official medical and surgical history of the late war, and who have complained of a recent order of the Surgeon-General forbidding all medical officers giving information of officially recorded facts relating to it, the recent issue of "Circular No. 6," from the Surgeon-General's office,\* should be a convincing proof that their impatience is as ridiculous as their complaints are foolish.

The mass of material available for this history is astounding, and any one who has ever been engaged in working up statistics, tabulating series of cases, arranging and condensing records, will, with us, be willing to grant the most liberal terms, as regards time, to those upon whom this stupendous labor devolves. And that the Surgeon-General should guard and protect them in their work, from the confusion and annoyance which would result, were anybody who chose to do so, permitted to intrude himself upon them, to ransack the records, is a matter so plain, that it is difficult to understand how any sensible man could object to such an order. None who really wish that the profession should be placed in possession of as complete and accurate a medical history of the war, as it is possible to compile, will fail, not only to exercise a little uncomplaining patience, but if in possession of facts bearing upon the subject, to communicate them to the Surgeon-General's office.

It has been rumored that the Sanitary Commission intend to publish a medical and surgical history of the war. Against any such attempt we energetically protest. If there are any surplus funds in the hands of the Commission, let them be applied to the legitimate purposes for which the people so liberally contributed,—the relief of wounded, crippled and invalid soldiers,—but not to the publication of a book, which, it is true, may gratify literary ambition, but at best will be incomplete and unreliable. If there are in the hands of the Sanitary Commission any facts, statistics, or records of real value, illustrat-

ing the medical and surgical history of the war, we suggest that they be placed at the disposal of the authorities, to whom the country looks for an authentic official history. The idea of the Sanitary Commission supererogating the duties of the government, is preposterous, although quite in keeping with some of the former doings of that body.

We propose to present a series of articles, sketches of the main facts and topics contained in the reports of Surgeon GEORGE A. OTIS, and Assistant Surgeon J. J. WOODWARD, respectively in charge of the Surgical and Medical departments of the records and Army Medical Museum, retaining, as far as practicable, their own language.

#### Surgical History of the War.

As far as the classification of wounds and injuries and their results, and of surgical operations, has been completed, the registers show 87,822 of the former, and 17,125 of the latter. Of the former there are of gun-shot fractures: cranium, 1108; bones of face, 1579; spine, 187; ribs, 180; pelvis, 397; scapula and clavicle, 389; humerus, 2408; radius and ulna, 785; carpus and metacarpus, 790; femur, 1957; patella and knee-joint, 1220; tibia and fibula, 1056; tarsus and metatarsus, 629. Penetrating wounds of thorax, 2303; of abdomen, 565. Of flesh wounds: upper extremities, 21,248; lower extremities, 25,152. We omit those of less importance.

Of operations there are: *Amputations*—fingers, 1849; wrist-joint, 46; forearm, 992; elbow-joint, 19; arm, 2706; shoulder-joint, 437; toes, 802; foot (partial), 160; ankle-joint, 73; leg, 3014; knee-joint, 132; thigh, 2984; hip-joint, 21. *Excisions*—head of humerus, 575; elbow, 315; wrist, 34; ankle, 22; in continuity of upper extremity, 695; shafts of tibia and fibula, 220; knee, 11; shaft of femur, 68; head of femur, 32; bones of face or trunk, 101. *Trephining*, 221; *Ligations* of arteries, 404; extractions of foreign bodies, 726; for surgical diseases, 443; miscellaneous, 23.

The statistics so far registered and transcribed, do not include the two last years of the war.

#### Gun-shot Injuries of the Head.

The number of gun-shot injuries of the head, so far reported, is 5046. These are divided into two classes; all gun-shot fractures and injuries of the cranium, and contusions of the skull resulting in lesions of the encephalon, and the simple contusions and flesh wounds of the scalp.

In the first class, of 604, of which the results have been ascertained, 505 died, and 199 recovered. In 107 of these terminated cases trephining

\* Reports on the Extent and Nature of the materials available for the Preparation of a Medical and Surgical History of the Rebellion; pp. 166, large quarto.—(Reports by Surgeon GEORGE A. OTIS, and Assistant Surgeon J. J. WOODWARD.)



ing was performed, of which 60 died, and 47 recovered. In 114 cases fragments of bone or of foreign substances were removed by the elevator or forceps, without the use of the trephine; and of these 61 died, and 53 recovered. When operative procedures were instituted, the recoveries were 45.3 per cent. "But," says the report, "it must be apprehended that this favorable exhibit will be materially modified when a larger number of results are ascertained, and that a great proportion of the field operations of trephining, in which the results are stated to be undetermined, were lost sight of, and terminated fatally. In the 483 cases treated by expectancy, the ratio of recovery is only 20.5 per cent. But the latter group of cases includes nearly all of the penetrating and perforating fractures, and it would be unwise to base on these figures an argument in favor of operative interference."

Of 3942 gun-shot wounds of the scalp, 103 terminated fatally. As far as ascertained, the fatal results have depended upon concussion or compression of the brain, or upon the formation of abscesses in the liver or lungs, in consequence of inflammation in the veins of the diploë. Compression has resulted either from extravasation of blood, inflammation of the brain, or meninges, or suppuration.

The museum possesses eight examples of that rare and interesting variety of gun-shot fracture of the cranium, in which the external table is unbroken, while the vitreous table is fissured and sometimes depressed. In one of these specimens, without any apparent lesion of the external table, a fragment of the vitreous plate of the frontal bone was found to be completely detached and depressed upon the dura mater. In a case observed by Surgeon BONTÉCOU, U. S. V., the probability of a depression of the vitreous table was inferred, and the diagnosis verified during life by the application of the trephine. An abscess had, however, formed in the brain, and the operation, though performed as soon as evidence of compression existed, was too late to save the patient.

This accident is believed to result in most instances from a small projectile striking the cranium very obliquely, or from a comparatively slight blow from a body with a large plane surface. The report gives several engravings of specimens of this fracture. Allied to these cases are those of linear fissure of the external table, with displacement of the inner, of which examples are also given.

The occurrence of hernia, or fungus cerebri, is mentioned in connection with 18 cases of gun-

shot fracture of the skull, complicated by lacerations of the dura mater and brain. In four of these cases, recovery took place without operative interference with the protruding fungous mass, which in these instances, gradually contracted, was then covered by granulations, and finally cicatrized. In those cases in which bandaging and compression were resorted to, cerebral oppression was soon manifested, and stupor and coma eventually supervened. In those in which the tumor was sliced off, as usually recommended, at the proper level of the brain, it was commonly speedily reproduced, and death from irritation ensued.

In looking over the registers of gun-shot injuries of the head, two general facts are noticed: *first*, that in the after-treatment of scalp wounds, a multitude of surgeons did not consider spare diet, perfect rest, and antiphlogistic measures, as of essential importance; and, *secondly*, that in the treatment of cranial fractures, the general tendency was to the practice recommended by GUTHRIE in regard to operative procedures, rather than the more expectant plan insisted upon by the majority of modern European writers on military surgery.

#### Gun-shot Wounds of the Face.

Of 4167 gun-shot wounds of the face, so far transcribed, there were 1579 fractures of the facial bones, and 2588 flesh wounds. Of the former 891 recovered, 107 died, and the terminations are still to be ascertained in 581 cases.

Secondary hæmorrhage has been the principal source of fatality in these injuries. It is a frequent complication in gun-shot fractures of the facial bones, and the difficulties in securing bleeding vessels in this region are very great. Recourse has often been had to ligations of the carotid, with the result of postponing for a time the fatal event. Gun-shot wounds of the face, owing to the great vascularity and vitality of the tissues have commonly healed rapidly, and many plastic operations for the relief of deformities following such injuries have been accomplished. Such operations are illustrated at the Army Medical Museum by numerous casts and photographs.

#### Gun-shot Wounds of the Neck, Back, and Spine.

Of 1329 cases entered on the records, the ultimate results have thus far been ascertained in 546 cases, the mortality being 14 per cent.

There are eight examples of gun-shot perforations of the larynx or trachea among the specimens in the Army Medical Museum. Several instances are recorded in which large grape-shot, on striking the hyoid bone, were deflected and

buried themselves in the supra-spinous fossa of the scapula or among the muscles of the back. These patients died from laryngitis or cedema of the glottis, suddenly, when surgical assistance could not be immediately procured and tracheotomy performed, which might perhaps have saved them.

Of 187 recorded cases of gun-shot fracture of the vertebrae, all but seven proved fatal. Six of these were fractures of the transverse or spinous apophyses. The seventh case is that of a soldier wounded at Chickamauga, Sept. 20th, 1863, by a musket-ball, which fractured the spinous process of the fourth lumbar vertebra, and penetrated to the vertebral canal. The ball and fragments of bone were extracted at a Nashville hospital. The patient was transferred to Louisville, thence to Jefferson Barracks, Missouri, thence to Madison, Indiana, and finally, on July 26th, 1864, to Quincy, Illinois. The last report states that he was likely to recover.

Five thousand one hundred and ninety-five gun-shot flesh wounds of the back have been recorded, of which a large proportion are injuries from shell. Troops being often ordered to lie down under a shell-fire, this region becomes particularly exposed.

#### Gun-shot Wounds of the Chest.

Of 7062 gun-shot wounds of the chest transcribed thus far, 2303 either penetrated the thoracic cavity or were accompanied by lesions of the thoracic viscera. The results have been ascertained in 1272 of these, and were fatal in 930, or 73 per cent. The 4759 flesh wounds presented a very small ratio of mortality, but were commonly long in healing, in consequence, no doubt, of the mobility of the thoracic parietes.

In the treatment of penetrating wounds of the chest, venesection appears to have been abandoned altogether. Hæmorrhage was treated by the application of cold, perfect rest, and opium. These measures seem to have proved adequate generally, and no instances are reported of the performance of paracentesis, or of the enlargement of wounds for the evacuation of the effused blood. Hæmorrhage from the vessels of the costal parietes or from the intercostal arteries has been exceedingly rare.

It has been the common practice to remove splintered portions of fractured ribs, and to round off sharp edges that were likely to wound the pleura or lung. After this, with the exception of extracting foreign bodies whenever practicable, and performing paracentesis when empyema was developed, it has been usual to leave these cases to the natural process of cure.

The records of the results of the so-called method of "*hermetically sealing*" gun-shot penetrating wounds of the chest are sufficiently ample to warrant an unqualified condemnation of the practice. The histories of the cases in which this plan was adopted, have been traced, in most instances, to their rapidly fatal conclusion. Only one recorded exception can be found, in which, about a week after the receipt of the injury, much to the relief of the patient, the hermetically sealed wounds were opened, and profuse discharges of clotted blood and purulent matter escaped, after which the patient continued to improve steadily to complete recovery.

Few examples of recovery are recorded where the track of the ball passed near the root of the lung. The cases in which there was a fracture of the rib at the wound of entry, were very dangerous. The established opinion, that penetrating wounds with lodgment of the ball are more fatal than perforating wounds, was amply illustrated.

Only four cases are recorded of gun-shot wounds of the heart that came under treatment. These cases are all preserved in the Army Medical Museum. The patient that lived longest after a gun-shot wound of the heart, survived twelve hours, a small pistol-shot having entered the left ventricle and passed out through the right auricle.

Several most remarkable instances are quoted to illustrate recovery from wounds involving both the thoracic and abdominal cavities. We give the synopsis of one:

Capt. Robert S., Co. A, 29th N. Y. Vols., wounded at Chancellorsville, May 2d, 1863. A round musket-ball, fired at a distance of 150 yards, entered the eighth intercostal space of left side, nine and a half inches to the left of the extremity of ensiform cartilage, fracturing the ninth rib. Ball passed through diaphragm and entered some portion of the alimentary canal. Capt. S. walked a mile and a half to the rear, and entered a field-hospital. There the surgeons found a protrusion of the lung, of the size of a small orange, which they unavailingly attempted to reduce. The wound was enlarged, and still it was impracticable to replace the protruded lung. On May 3d, the field-hospital lay exposed to the enemy's fire, when he walked another half a mile to the rear, was placed in an ambulance and brought to one of the base-hospitals across the Rappahannock. Here fruitless efforts were again made to reduce the hernial tumor, after which a ligature was thrown around its base and tightened. A day or two subsequently, the pa-

tient passed into the hands of Surgeon TOMAINE, who removed the ligature. A small portion of gangrenous lung separated and left a clean granulating surface beneath. May 7th, the ball was voided at stool. May 8th, he was visited by Surgeon JOHN H. BRINTON, who found him walking about the ward, smoking a cigar. Entire absence of constitutional symptoms, no cough, no dyspnoea, no abdominal pain, bowels regular, appetite good. The protruding portion of the lung was carnified, and there was dulness on percussion and absence of respiratory murmur in a zone an inch and a half in width around the circumference of the base of the tumor. Hernia had been gradually diminishing in volume, it was at this time half the size of an egg, and covered with florid granulations. June 2d, Capt. S. was transferred to Washington. There was an elastic partly reducible tumor, over which an oval granulating surface, an inch and a half by three quarters of an inch. Vesicular murmur perfect throughout the lung, except in the immediate vicinity of the tumor. Compression of the tumor was advised. After a furlough of sixty days, the wound had entirely healed; respiratory sounds were normal; there was still a slight hernia of the lung. General health of the patient excellent.

We will continue these sketches in our next.

#### THE NEW YORK HEALTH BILL.

We feel considerably relieved in being able to communicate to our readers the fact that, at last, the Legislature of New York has passed a Health Bill, which will go into effect without delay, only awaiting formal adoption by the House, the signature of the Governor, and his appointment of four Commissioners.

The bill as finally adopted is a compromise, by which the differences of the two houses of the legislature were settled, in a manner, we hope, which will not interfere with the practical and efficient working of the law. It will be remembered that when the Assembly returned the original Senate bill, so amended as to make it an almost entirely new bill in its most essential features, the Senate by a decided vote refused to accept the bill so amended: upon which a Conference Committee was appointed by both branches. After some time spent in considering the merits of the two bills, the Senate Committee proposed to concede the appointment of the Sanitary Commissioners to the Governor, but retaining the Police Commissioners in the bill. This proposition was rejected by the House Committee, which, in turn, proposed to strike out the

Police Commission, give the appointment of Sanitary Commissioners to the Governor, and add to them the Mayors of New York and Brooklyn, and the Health Officer of New York, or either of them. This was rejected by the Senate Committee. A compromise between the two propositions was then agreed to on both sides as follows: The Governor to appoint four Sanitary Commissioners, three of whom shall be physicians, and one to reside in Brooklyn; the Police Commissioners to constitute a part of the Health Board, as in the Senate bill, and the Health Officer of the port of New York to constitute another member of the Board.

The new Board of Health under this law will have Herculean labors to perform, before the Augean stables of our commercial metropolis are cleansed. But meanwhile, the people of New York may rejoice that day begins to break on the Sanitary horizon of their city.

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK.

We present our readers this week a full report of the proceedings of the late meeting of the Medical Society of the State of New York. True, it occupies considerable space to the exclusion of much other valuable material, but the minutes of such meetings as this are calculated to benefit the profession at large, and we do not grudge, nor will our readers, the space they occupy. Besides, looking at it as a matter of simply local interest—which it is not—our circulation is so extensive in New York, as to make it incumbent on us to give our readers in that State matter which is to them of especial interest.

It does one good to attend such a medical society meeting as this. Think of three days spent in *real, active* business, pertaining to the advancement of medical science. The ordinary business of the Society, to be sure, occupied a part of the time, but the larger portion was devoted to hearing papers read on different medical and surgical subjects, and in discussions to which they gave rise. Besides the President's inaugural and annual addresses, thirty-seven papers were presented, most of which were read, and some of them elaborately illustrated by drawings and casts.

It is a great fault in some of our medical society meetings that time enough is not given; that the ordinary business of the organization is made the main, and the advancement of medical science a subordinate part of the proceedings. No State medical society should devote less than three days to the business of its annual session.



We know that the short session of the Medical Society of New Jersey last month, deprived it of valuable papers which should have been read and discussed.

The medical profession of New York have a great advantage over their brethren of other States, in that their *Transactions* are published by the State. This fact serves to stimulate research; for the knowledge that his labors will be permanently recorded for the benefit of his profession, is a strong inducement to a physician to report his observations to the Society of which he is a member. Cannot the profession of other States bring influences to bear on their legislators to do what New York is doing to advance the science of medicine?

One of the most important subjects brought to the attention of the Society was introduced by Dr. SQUIBB, of Brooklyn, in a preamble and series of resolutions, under the title, "An appeal for the *Materia Medica*." We refer our readers to these resolutions on page 143, and trust that the suggestion of calling the attention of other State Societies to the subject, will have the effect of inducing them to take similar action.

We notice that the business feature of the meetings of the Medical Society of the State of New York, almost entirely eclipses the sociable phase of such meetings; perhaps a little too much so. Delegates from other medical societies, besides the formality of a public reception, had little opportunity for sociable intercourse, and the formation of acquaintance among the members, offered them. They seemed to feel that they were strangers. We would suggest that all our Societies appoint a special committee, which might be called "The Committee on Delegates from other Societies," whose special duty it shall be to look after such delegates, and introduce them to the members. There seemed to be a feeling as if something was lacking in this respect, as a member made the impracticable proposition that delegates from other Societies be made the guests of the Society.

We would also suggest that there should be more system in the reception of these delegations, and that the occasion be improved on both sides to enunciate something more than mere commonplace compliments.

The present efficiency of the Medical Society of the State of New York is to be attributed to three causes—the holding of the annual meetings at the capital of the State; the publication of its *Transactions* by the State; and the personal exertions of its late Secretary, Dr. S. D. WILLARD. We are glad to see that the Society has taken steps to

issue a fitting memorial in recognition of his work, and that an energetic man has been appointed his successor as Secretary.

#### THE ALBANY MEDICAL COLLEGE.

We were much gratified at a recent visit to the Laboratory, Museum and Library of the Albany Medical College. Through the courtesy of Dr. J. S. MOSHER, Professor of Chemistry, we had the opportunity of examining them in detail. This college, by means of its laboratory, and museum, is capable of thoroughly illustrating a course of medical lectures. The collection in human and comparative anatomy, and of pathological and surgical specimens, is particularly rich. We are glad to learn that this liberal provision of the means of imparting instruction, is receiving its reward in large and intelligent classes. Last year there were 112 matriculants. The session is held in the fall and early winter, commencing on the first Tuesday of September, and continuing sixteen weeks.

### Notes and Comments.

#### The Literature of Cholera.

In answer to inquiries in regard to the literature of Asiatic cholera, we have to say that there is no standard work on the subject—not one that is considered of sufficient value to be "in print," as the publishers say. Monographs enough have been published on the subject, but we know of none that has passed into a second edition.

It is remarkable that so formidable a disease as Asiatic cholera should have scourged the world for half a century, in several epidemic visitations, and not found a first-class exponent of its history, course, and treatment.

The most fatal disease of modern times has no standard written history more satisfactory and useful to the profession, than is condensed into our ordinary works on the practice of medicine!

#### Automatic Registering and Printing Barometer.

We have received an account of this remarkable invention by Prof. G. W. HOUGH, Director of the Dudley Observatory, Albany, N. Y. We have not space to give a description of the machine. Suffice to say, that it is operated by means of electro-magnetism, and makes a continuous and permanent record of the fluctuations of the barometer or thermometer. We have such a record before us, showing the fluctuations of both instruments during the cold term, Jan. 7th and 8th, 1866, when the thermometer fell to 18° below zero, and

the barometer reached the extraordinary height of 31.10. It is a noticeable fact that the fluctuations of the two instruments are in opposite directions—for every elevation of the barometer there is a corresponding depression of the thermometer, and *vice versa*. Thus, when the barometer stood at 31.10 as above, the thermometer was at  $-18^{\circ}$ .

#### The Rinderpest in Pennsylvania.

Dr. HIRAM CORSON announces to the Pennsylvania Legislature the appearance of the cattle disease in Montgomery county, in this State, and suggests the passage of laws to prevent its spread. We trust that the event will prove that the doctor is mistaken.

#### "The Medical Record."

We have received the initial number—dated March 1st—of "*The Medical Record*," published by WM. WOOD & Co., and edited by Dr. GEORGE F. SHRADY, New York. It is handsomely got up and is filled with well written original articles, lectures, reports, and editorials, and judicious selections. The *Record* consists of twenty-four pages of reading matter, royal octavo size, and is to be issued once in two weeks. Price \$4 per annum.

#### The Chicago Medical Journal.

This journal comes to us in an entirely new dress, and under a new management. Drs. E. L. HOLMES, H. M. LYMAN, and R. M. LACKEY are announced as editors. The *Journal* makes an excellent appearance, and the literary contents of this number are good. The *Journal* is a monthly of forty-eight pages,—\$2 per annum. Too cheap!

#### The Jefferson Medical College.

It is intimated that the Faculty of the Jefferson Medical College is to be increased by the addition of a number of Lectureships on some important practical departments or specialties, and the names of several prominent medical gentlemen are mentioned in connection with the appointments.

#### Chicago Eye and Ear Infirmary.

We have received the sixth and seventh annual reports of the above institution. During the two years ending May, 1865, 902 patients were treated, making a total, since the opening of the Infirmary in 1858, of 2126 cases treated. Of those treated in 1863, 4, and 5, 813 were diseases of the eye, and 89 of the ear. This institution offers, we should think, excellent facilities for clinical instruction to the many students who

resort to Chicago to pursue their medical studies.

The attending surgeons are Drs. EDWARD L. HOLMES and EDWIN POWELL; the consulting surgeons, Professors DANIEL BRAINARD and J. W. FREER.

#### Books, Pamphlets, etc., Received.

*Professional Success: An Introductory Address* at the opening of the Sixth Session of the Miami Medical College of Cincinnati, Nov. 1, 1865, by GEORGE MENDENHALL, M. D.

*Sacredness of the Medical Profession: A sermon* preached before the Medical Students of Philadelphia, Sabbath evening, Nov. 19th, 1865, by Rev. E. R. BEADLE.

*Disease—a part of the Plan of Creation: The Annual Discourse* before the Massachusetts Medical Society, May 31, 1865, by BENJAMIN E. COTTING, M. D.

*Tableau of the Yellow Fever of 1853, etc.*: From BENNETT DOWLER, M. D., of New Orleans.

*Introductory Address*, delivered before the Medical Department of Georgetown College, Session of 1865-66, by THOMAS ANTISELL, M. D., Professor of Military Surgery, Physiology, and Hygiene.

*Inoculation in Pennsylvania: Read* before the Medical Society of Pennsylvania, June 1865, by J. M. TONER, M. D., of Washington, D. C.

*The Practice of Medicine: By* AUSTIN FLINT, M. D. From H. C. LEA.

## Correspondence.

### FOREIGN.

London, Jan. 11, 1866.

#### The Rinderpest.

#### EDITOR MEDICAL AND SURGICAL REPORTER:

An animated discussion of a very important subject is now going on among the professional and lay public. I allude to the nature and treatment of the *rinderpest*, or cattle disease, which has within a few months past created very extensive havoc, and more extensive alarm, over a very large portion of this kingdom, but especially in England. To such an extent has it prevailed in the vicinity of London, that the supply of milk is said to have been materially diminished. According to official reports made to the Government, the disease has attacked, during the last seven months of 1865, 73,549 out of a total number of 159,710 head of cattle in farms, sheds, and other places, where it was reported to exist. Of the whole number attacked, only 9579 recovered, about one-eighth.

Some eminent medical men have gone into an investigation of the character of the disorder.

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Mr. CEELY has recently discovered some points of analogy between human small-pox and rinderpest, and Dr. MURCHISON, the distinguished writer on fevers, has given an opinion confirmatory of this diagnosis. A medical report of 1839 is quoted from the Transactions of the Provincial Medical and Surgical Association, to prove that "it has been shown by unquestionable evidence that cattle and other animals have for centuries been known to be affected with variola." It raged in England in 1745, and again in 1770, and it appeared amongst horned cattle, with more or less virulence, so late as 1780. Dr. LAYARD's observations on the successful inoculation from cow to cow is regarded as completing the chain of evidence in favor of the view that "it was the remains of this violent epizootic that Dr. JENNER found in Gloucestershire, and which, being occasionally transferred to the milkers, secured them from subsequent small-pox." What a treat the medical world is promising us! We have to pay dearly for it; but natural cow-pox has been a rarity for a long time past, and it is said to be possible—some declare probable—that the deadly murrain now afflicting our kine may turn to that human-life-preserving, benignant, and most desirable affection—cow-pox.

Another important witness in favor of the identity of variola and rinderpest, is Prof. FERUSON, in his report to the Government on the cattle-plague in Ireland, as follows.

He says: "The results of some investigations recently made relative to the sanitary state of cattle that had had the pustular disease generally known as 'cow-pox' induce me to recommend that all bovine animals be inoculated with vaccine matter. As yet, there has not been sufficient direct evidence furnished by specially instituted experiments to justify the assertion that vaccination will insure cattle an immunity from the plague, or even a diminution of its virulence; but as vaccination has very rarely proved injurious to stock, and certainly protects it from some diseases, it is desirable that it be immediately had recourse to in Ireland, as an expedient that may possibly eventually prove of service should cattle-plague unfortunately make its appearance in this country. The milk of cows suffering from cow-pox should not be used as food either for human beings or calves."

The Pathological Society had the subject before them last week, and from the remarks made, it appears that a difference of opinion yet prevails upon it.

"Dr. QUAIN introduced Mr. HANCOCK, a veterinary inspector of the Uxbridge district, as the first individual brought under the notice of medical men with an eruption, 'the appearances of which were exactly those of a declining vaccine vesicle.' Dr. MURCHISON, Mr. CEELY, and Prof. SPOONER were struck with the 'vaccine character' of the malady; and the first to discover the nature of this interesting case was Mr. RAYNER, a surgeon at Uxbridge. Dr. BURDON SANDERSON and Professor GAMGEE spoke strongly against the probabilities of Rinderpest being *variola*, and the first named gentleman has communicated an in-

teresting description of the cattle plague eruptions to the *Lancet*. He says: 'During the last month I have had opportunities of carefully observing the appearances presented by the cutaneous eruption in all its forms, and have watched it with all the attention of which I am capable.

Without unduly anticipating the description of the skin affection contained in my preliminary report, which is now ready to be submitted to the Royal Commission, I may state that the so-called scabs are not produced by the desiccation of pustules, but by the incrustation of the abundant secretion from the sebaceous follicles; that vesicles never occur at any period of the disease, the so-called flattened vesicles, described by Dr. MURCHISON, on the udder, being solid elevations, the structural elements of which are epidermal. The affection may be stated, so far as the investigations hitherto made enable me to judge, to be of the following nature: There is, in the first place, hyperæmia of the cutis in the affected parts. Secondly, an excessive secretion from the cutaneous glands. Thirdly, an exuberant development of nuclear corpuscles in the deep layer of the epidermis, by which the more superficial layers are separated from the true skin. In some parts, particularly on the udder, near the roots of the teats, and on the scrotum, this exuberant growth of nuclear bodies takes place at particular points only, giving rise to the elevations above mentioned. These elevations, which have been accurately designated by previous authors as nodules (*Knötchen*), or heaps (*höckerchen*), and other words implying their solid character, gradually soften and break up, sometimes becoming semifluid, and thus acquiring an unreal resemblance to pustules.'

"Dr. PARKES, of Netley, writing in vindication of Mr. CEELY's claims to priority in the supposed discovery now agitating the public mind, says: 'The identity of cattle plague and small-pox, though probable, is not yet proved. We must all anxiously wait for the experimental evidence which can alone definitely settle this momentous question.'"

From this it would appear that the question is yet an open one, but as the government has taken the matter in hand, energetically, it is to be hoped that it will receive the attention of the best diagnosticians of both the medical and veterinary schools. Respecting the treatment of the disease, while its real nature is undetermined, that must of course remain purely empirical and uncertain. Homœopathy has ventured upon this field also, but judging from the statements contained in the newspapers, its success has been coincident with the dimensions of its doses.

*Apropos* here, I enclose an article from the *London Punch* of this week, which is clearly to the point.

#### Trichiasis.

That other serious disease of the brute creation, *Trichiasis*, which 'not only affects the hog, but also the human being, is likewise exciting a great deal of attention, more especially on the



continent. Its ravages appear to have been recently quite extensive, and to have proved fatal in a number of instances among eaters of pork. It has been suggested as a necessary sanitary measure, that no pork, in any form, be allowed to be sold without having been first examined by the microscope, as the only means by which the presence of the *trichina spiralis* can be detected. Such a measure would seem to be imperative in places where the disease prevails—and as a prudential step it would be justifiable in many other localities.

Very truly yours,  
JOHN H. GRISCOM.

### DOMESTIC.

Asiatic Cholera. Contagion and Quarantine.  
EDITOR MEDICAL AND SURGICAL REPORTER:

It might be supposed, Mr. Editor, from reading the "MEDICAL AND SURGICAL REPORTER" during the last six months, that the medical profession, and mankind generally, were unanimous in the opinion that Asiatic cholera is a contagious disease, and that our chief reliance for protection from its ravages, in this country, is upon the quarantine of vessels from foreign countries in our seaports. At least, so far as my observation goes, all the articles you have published upon the subject of cholera have favored this view.

Not doubting that you are willing and desirous to treat the subject fairly, I wish, with your permission, to enter in your journal my earnest protest against such doctrines.

In my opinion, and this is the opinion of many others, the doctrine that Asiatic cholera is a contagious disease, and its necessary sequence, the doctrine of the utility of quarantines to prevent epidemic cholera, are not only wholly erroneous and productive of most serious injury to the community, but they are also contrary to the almost unanimous evidence of those who have seen the most of the disease, and have most carefully studied the subject.

The true theory seems to me to be this; the causes of Asiatic cholera are—*first*, a "mysterious atmospheric cause," sometimes called an "epidemic constitution of the atmosphere;" and *second*, local conditions of filth, creating impure air.

The first of these causes is, of course, the most important, for without it we can never have any epidemic prevalence of the disease; but in our northern climate and with the habits of our people, the coexistence of the two causes is necessary to produce any great amount of the disease.

It has been objected, that we know nothing of this atmospheric cause, and that in medicine we should not reason "*ab ignorantia*." It is true

we know nothing of its precise nature, nor do we of the precise nature of the cause of any epidemic; but of the existence of such an epidemic constitution of the atmosphere, increasing the prevalence and virulence of cholera as well as many other diseases, there can be no doubt. We suppose the cause to be in the atmosphere, because it is so wide-spread, exerting its influence over a great extent of territory at the same time. With this cause present, combined with the second cause, we will in one year have a general prevalence of cholera; the next year, with the same local causes in existence, we may not have a single case of the disease. Such, at least, has been our past experience. Indeed, without some such atmospheric influence, we could never have an epidemic of any disease, and on no other theory can we account for an epidemic.

Whether we call cholera contagious, or non-contagious, or infectious, or "portable," this mysterious or epidemic constitution of the atmosphere, and this alone, will account for its epidemic prevalence, as we have seen it in this country.

Such are the causes of Asiatic cholera, and the only causes. It is never contagious in the ordinary meaning of the term; never communicable from one person to another.

A person with Asiatic cholera, if removed from the place where the local causes of the disease exist, to a place where such causes do not exist, can never communicate the disease to another person. It is the local filth and impure air, combined with the atmospheric cause, which gives the disease to the patient, and which may give it to others; but the patient himself, independent of these local conditions, can never communicate the disease.

Some persons seem to be affected with "contagion on the brain," and will say that the fact that physicians and others in attendance on cholera patients sometimes take the disease, proves it to be contagious. But if a physician visits a family sick with intermittent fever, in a locality where the malaria is intense, and especially if he remains with his patients over night, he is very likely to take the disease. But does this prove intermittent fever to be contagious? Just as much as the other case proves cholera to be contagious, and no more. It is the locality, or the local conditions surrounding the patient, which cause the disease, and not contagion.

Such, as it seems to me, is the correct and generally approved theory in relation to the causes of Asiatic cholera. It was not my intention to enter into any arguments upon the sub-

ject, but only to make this statement of the case, and leave it to the consideration of your readers. It might be shown, positively, that cholera has appeared in numerous instances where contagion (or "portability") was impossible. An innumerable multitude of facts might also be given which would prove, negatively, that cholera is not contagious. We might also quote the opinions of the vast majority of the observers of the disease, in all parts of the world, that it is not contagious; but neither your space nor my time permit this.

It will be seen that this view of the subject magnifies to the utmost, the importance of internal sanitary measures. It is fortunate for the people that, upon this point, all parties agree. The advocates of contagion, and of quarantine, and of portability, all acknowledge the overwhelming importance of these measures.

But if the view I have given of the causes of cholera is correct, it reduces to an infinitesimal quantity the value of quarantine for the prevention of the disease. If the causes of cholera are an epidemic constitution of the atmosphere, combined with local causes, and if the cholera cannot possibly spread, *epidemically*, without the presence of this atmospheric cause, over which quarantines have no possible control, then quarantines for cholera are comparatively, at least, useless; and if useless, they are —; but I will reserve, for another paper, the subject of quarantine.

EDWIN M. SNOW, M. D.

Providence, R. I., Feb. 13, 1866.

## News and Miscellany.

### St. Luke's Hospital, New York.

We have received the report of this excellent charity for the year ending in October last. The number of patients treated during the year was 817; 155 remaining in the wards at the close of the year. The deaths amounted to nearly 14 per cent. The chief causes of mortality were, *consumption*, 42; *Coroner's cases*, 15; *cardiac disease*, 13; *Bright's disease*, 11.

Among the capital operations performed during the year was an amputation at the hip-joint, upon a soldier who had been severely wounded two years before, and whose vital powers were rapidly failing. The operation was performed as the only chance for prolonging life. Every such operation having heretofore proved fatal in New York within a few hours or days at furthest, much solicitude was felt; but the patient not only survived the shock of the operation well, but for several weeks progressed rapidly toward recovery, when symptoms of phthisis supervened,

and he died of consumption four months after the operation.

The report is signed by Dr. C. W. PACKARD, on behalf of the attending physicians and surgeons, whose names do not appear in this report.

### Murder of a Physician.

On Tuesday evening of last week, Dr. JOSEPH H. LEVERING, residing at Lower Merion, Montgomery co., near this city, returned from his afternoon visits to his patients, and was engaged in putting up his horse, when he was shot dead by some one concealed near his house. Several balls taking effect in his breast. No cause for the murder has transpired, and it is not known that any provocation was given.

### Fatal Accident to a Physician.

On Friday evening of last week, Dr. WILLIAM MOUNT, of Cincinnati, Ohio, was fatally injured by being struck just behind the ear by the pole of a carriage which was being driven at an illegal rate of speed along a street he was crossing. Dr. MOUNT died on Saturday morning, at three o'clock, at the Girard House, where he was stopping with his wife. The driver was committed by the Coroner's jury to answer the charge of homicide.

### Cholera in the West Indies. Extensive Ravages.

The following letter appears in the columns of the *Martinique Antilles*, received at St. Pierre from Guadaloupe, a few days before the arrival of the steamer. It gives a gloomy account of the state of things in that island:

POINTE-A-PITRE, NOV. 30, 1865.

Since the last ten days of fair weather, the epidemic, which is nothing less than the cholera in the most fatal algide stage, has committed awful havoc, not less than eighty or ninety per day, (official figures.) The mortality has risen from the outbreak of the disease to the 17th, in this town, to over four hundred, and I cannot tell how many more since. On the 10th, there were twenty-nine deaths; on the 11th, thirty. The cholera has reached the rural districts Monte, Abymes, Gosler, St. Rose, and Port Louis. At Besseterre there have been several deaths.

In short, I must say that the entire island is affected with the fearful disease. Marie Galante has been again more severely visited. At Mr. DE RERTZ's, in forty-eight hours, there were forty attacked, and in twenty-four hours, that planter lost twenty-two laborers. All the laborers have left off work. The disease is no longer localized; it has gone everywhere. The population of Pointe-a-Pitre has been reduced by very near one-half. People were flying, some days since, from several quarters to escape the cholera, and now, behold! it is in all directions. I think, however, that in a few days there will be a sensible reduction in the number of cases.

Every night fires are kindled in the streets, and the inhabitants actually amuse themselves

by running about them as if they were not in danger. In the daytime they bury the dead, taking the corpses from all parts of the town, and in the night these fires afford rude gayety, if one can have even such under existing circumstances.

— **Dr. JOHN SWINBURNE** has been re-nominated and confirmed as Health Officer for the port of New York. This is one of the most important positions held by a medical man in this country, and it is fortunate for New York and the whole country, particularly at this time, in view of the possible approach of cholera to our shores this season, that it is filled by one who is so competent to discharge its duties. Dr. SWINBURNE's administration for the past three years has given very general satisfaction.

— **INFANT MORTALITY.**—Of every hundred newly-born children, according to English life insurance tables, Dr. WM. FARR says, twenty-six die in the first five years.

— **NEW PLANET.**—On the night of Jan. 4th, Dr. F. TIETJEN, of the Berlin Observatory, discovered a new planet of very pale color, belonging to the well-known group between Mars and Jupiter.

— **TRICHINIASIS.**—In Berlin, Gotha, Zwicken, and Hadersleben, many persons have been affected by trichinous meat. In Hadersleben, the number amounted to 66; 3 died.

— **DISAPPEARANCE OF CHOLERA FROM PARIS.** The *Union Médicale* of the 16th ult., states that for some days previously no new case of cholera had occurred in Paris, either in the city proper or in the hospitals.

— Eleven men were frozen to death in the vicinity of Hamilton, Fillmore co., Minn., on the night of the 20th ult. Six of them were frozen in a sleigh while passing along the road. Another was found frozen in a standing posture, with his hands over his face, only a few rods from a house.

— A special committee, of which Dr. Z. PITCHER was chairman, and Drs. WM. BRODIE and CHAS. BRUNNE were members, has made an able report to the Board of Health of Detroit, suggesting measures for the prevention of Asiatic cholera, and the promotion of the public health. They recommend the establishment in Detroit of a Dispensary.

— The guards on the trains of the Swedish railways are required to have a knowledge of the elements of surgery, that in case of accidents they may be able to render medical assistance. An ambulance fitted up with every requisite, forms part of each train.

— The Portage (Wis.) *Register* announces the death of Joseph Crele, the aged veteran of one hundred and forty-one years, which occurred on the 27th of January, after a brief illness, at the residence of his grand-daughter, Mrs. Brisbois, in Caledonia, about four miles from Portage. During the past year Mr. Crele obtained a world-wide notoriety through the newspapers, on account of his extreme longevity. He was born near the city of Detroit, in the year 1725, as

shown by the records of the Roman Catholic Church of that city, and was probably the oldest man in the world.

— **DEATH FROM CHLOROFORM.**—Another death from chloroform has recently taken place at the St. Mary's Hospital, Dublin. From the evidence at the inquest, it appears that all proper precautions had been taken, and no cause for the sudden syncope could be detected on post mortem examination. The chloroform had been given preparatory to the operation of evulsion of toenail.

— **CONSUMPTION OF WINE IN PARIS.**—The annual consumption of wine in Paris by each inhabitant is estimated at one hectolitre and a half. The hectolitre is a little over 22 gallons.

— **Dr. DOMINICK CORRIGAN**, of Ireland, has been created a Baronet. It will be remembered that WILLIAM FERGUSON, of England, and JAMES SIMPSON, of Scotland, were also created "Sirs."

### MARRIED.

COOPER—WELLS.—In San Francisco, California, January 9, by the Rev. S. T. Wells, James G. Cooper, M. D., and Miss Rosanna McPherson Wells, daughter of the officiating clergyman.

LANDIS—WHILE.—In this city, on the 23th ult., by Rev. T. DeWitt Talmage, Dr. I. B. Landis, of Elizabethtown, and Emma M. While, of Philadelphia.

LEAMAN—MUSSELMAN.—At the residence of the bride's father, on the 15th inst. by Rev. William A. White, Brainerd Leaman, M. D., and Josie E., third daughter of Henry Musselman, of Lancaster county, Pa.

MITCHELL—SWETT.—In Brunswick, Me., Dec. 26th, by Rev. C. M. Herring, Alfred Mitchell, M. D., and Abbie E. Swett, both of Brunswick.

WISE—THOMAS.—At Wilmington, Del., on the 6th inst., by the Rev. W. H. Furness, John W. Wise, of Philadelphia, to Emma L., daughter of Dr. W. W. Thomas.

### DIED.

EWING.—At Dunlap's Creek, Pa., Jan. 26th, of diphtheria, Geo. C. Ewing, M. D., in the 31st year of his age.

HEYL.—In this city, on the 15th instant, Henry F. Heyl, M. D., in the 75th year of his age.

HILTON.—At Gilmantown Iron Works, N. H., Jan. 31, Dr. John Hilton, in the 77th year of his age.

INGHAM.—In this city (near Fox Chase), on the 16th inst., John A. Ingham, M. D., in the 62d year of his age.

LEVERING.—Near this city, suddenly, on the 13th instant, Dr. Joseph H. Levering, in the 47th year of his age.

SHARP.—February 9th, at Port Elizabeth, N. J., Hannah A. Sharp, wife of Dr. J. T. Sharp, and daughter of the late Edward Smith, of Philadelphia.

WINSLOW.—At Baltimore, on the 13th instant, Dr. John R. Winslow.

### ANSWERS TO CORRESPONDENTS.

Dr. H. W. M., *Johnstown, Pa.*—Tilt on Uterine and Ovarian Inflammation, and on Diseases of Menstruation, can be obtained only from England. Price \$3.

Dr. O. P. S., *Sandy Springs, Md.*—Tooth Forceps, sent by Express, February 12th.

### METEOROLOGY.

Feb. 1866,	5,	6,	7,	8,	9,	10,	11.
Wind.....	N. W.	N. W.	N. E.	N. E.	N. E.	E.	S. E.
Weather.....	Clear.	Clear.	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.
Depth Rain.....				1 1-10	1-10		1 5-10
Thermometer.							
Minimum.....	7°	8°	9°	15°	27°	27°	34°
At 6 A. M.....	14	22	19	34	36	33	43
At 12 M.....	18	29	26	38	38	36	53
At 3 P. M.....	19	30	25	37	37	36	54
Mean.....	14.50	22.25	19.75	31.	34.50	33.	46.80
Barometer.							
At 12 M.....	30.7	30.6	30.5	30.	30.1	30.1	30.

Germantown, Pa.

B. J. LEEDON.